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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *none* *KA*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none* *KA*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 05/24/2002

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>				

**ADDRESS**  
36829

**TITLE**  
Method for funding initiatives under the community reinvestment act

<b>FILING FEE RECEIVED</b> 828	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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